



Office of the State Superintendent of Education

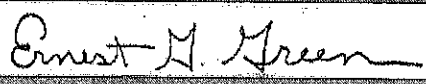
DISTRICT OF COLUMBIA
MAYOR ADRIAN M. FENTY

Part 1: Subgrantee Information

Name of Subgrantee Dorothy I. Height Community Academy Public Charter Schools	Name of Subgrantee's Executive Leader (Chancellor, Executive Director, Etc.) Kent Amos, CEO/ Founder
Full Address of Subgrantee 1351 Nicholson Street, NW Washington, DC 20011	Email Address of Subgrantee's Executive Leader kentamos@capcs.org
Main Telephone Number of Subgrantee (202) 723-1852	Telephone Number of Subgrantee's Executive Leader (202) 545-1251
Name of Primary Subgrantee Contact for Applicable Grant Program/s Toby V. Hairston	Name of Additional Subgrantee Contact for Applicable Grant Program/s Brenda Bethea
Position Title of Primary Subgrantee Contact for Applicable Grant Program/s Grants Manager	Position Title of Additional Subgrantee Contact for Applicable Grant Program/s Director of Compliance and Monitoring
Email Address of Primary Subgrantee Contact for Applicable Grant Program/s tobyhairston@capcs.org	Email Address of Additional Subgrantee Contact for Applicable Grant Program/s brendabethea@capcs.org
Telephone Number of Subgrantee Contact for Applicable Grant Program/s (202) 545-3098	Telephone Number of Additional Subgrantee Contact for Applicable Grant Program/s (202) 545-1259

Part 2: LEA Certification of Application Amendment Request

By signing below, the Applicant certifies that the application amendment request covers all amendments made to the application (submitted simultaneously).

Name of Individual Certifying Amendment Request (for LEA: Board Chairperson or Chancellor) Ernest Green	Signature of Individual Certifying Amendment Request 
Title of Individual Certifying Amendment Request (for LEA: Board Chairperson or Chancellor) Board Chairperson	Date of Certification (input at the time of signature) 7.31.13



Office of the
State Superintendent of Education

Part 1: Local Educational Agency Information

Name of Local Educational Agency Community Academy Public Charter School	Name of LEA Executive Director (Public Charter Schools Only) Kent Amos
Full Address of Local Educational Agency 1351 Nicholson Street, NW, Washington, DC 20011	Email Address of LEA Executive Director (Public Charter Schools Only) kentamos@capcs.org
Main Telephone Number of Local Educational Agency (202) 234 - KIDS (5437)	Telephone Number of LEA Executive Director (Public Charter Schools Only) (202) 545 - 1251
Name of Primary LEA Contact for Consolidated Application Programs Toby V. Halrston	Name of Additional LEA Contact for Consolidated Application Programs Brenda Bethea
Position Title of Primary LEA Contact for Consolidated Application Programs Grants Manager	Position Title of Additional LEA Contact for Consolidated Application Programs Director of Compliance and Monitoring
Email Address of Primary LEA Contact for Consolidated Application Programs tobyhalrston@capcs.org	Email Address of Additional LEA Contact for Consolidated Application Programs brendabethea@capcs.org
Telephone Number of Primary LEA Contact for Consolidated Application Programs (202) 545 - 3098	Telephone Number of Additional LEA Contact for Consolidated Application Programs (202) 545 - 1259

Part 2: Programs for Which the LEA is Applying for Funding

Below, input the allocation, provided by the State Education Agency, for each program for which the LEA is applying for funding through this application. For Title III, Part A, the LEA is eligible to apply through this application only if the allocation is at least \$10,000. Please note that allocations are subject to change according to the applicable federal and state statutes, regulations, and policies.

LEA Allocation for Title I, Part A	LEA Allocation for Title II, Part A	LEA Allocation for Title III, Part A
\$ 836,443.01	\$ 207,845.17	\$ 26,261.05

Part 3: Schedule for Submission of Reimbursement Requests

Please indicate, by checking the applicable box below, the schedule that the LEA will follow for Federal Fiscal Year 2010 (July 1, 2010 - September 30, 2012, including the "Tydings" period) for submitting reimbursement requests for all grants included in this application in order to maintain regular drawdowns of federal funds. From among these options, the LEA has the flexibility to choose a schedule that best meets its needs.

Monthly (12 workbooks per year)	Bi-Monthly (6 workbooks per year)	Quarterly (4 workbooks per year)
	X	

Part 4: LEA Certification of Application

By signing below, the Applicant certifies that all of the information contained in this application is true and accurate to the best of its knowledge. Additionally, the Applicant certifies that it has read and agrees to all additional assurances and certifications included in Phase II of the application.

Name of Individual Certifying Phase II Application (Board Chairperson or Chancellor only) Ernest Green	Signature of Individual Certifying Phase II Application
Title of Individual Certifying Phase II Application (Board Chairperson or Chancellor only) Chairperson of the Board of Directors	Date of Certification (input at the time of signature) 7-31-13

SUBMIT BOTH A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK AND A SIGNED, SCANNED COPY OF THIS PAGE BY EMAIL TO CON.APP@DC.GOV.

OSSE Use Only

Date Phase II Application First Received:	
Date Phase II Application Approved (first date for reimbursement):	